

WORKFORCE DEVELOPMENT CABINET
Kentucky Department for Employment Services

Louisville Local Office

desjefferson@mail.state.ky.us

TO LIST A JOB ORDER CALL: 502-595-4111 or FAX: 502-595-4623

COMPANY NAME _____

KEIN: Kentucky Employer Identification Number _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COMPANY URL _____

CONTACT PERSON _____ TITLE _____

PHONE () _____ FAX () _____ CELLULAR NO. () _____

EMAIL _____

HOW TO APPLY? CALL FOR APPOINTMENT ☐ REFER DIRECT ☐ APPLICATION ☐ EMAIL ☐ RESUME ☐ OTHER ☐

JOB TITLE of POSITION _____

POSITION # (if required to apply) _____ NUMBER of OPENING(S) _____

MINIMUM REQUIREMENTS: EDUCATION _____ AGE _____ EXPERIENCE _____ (# Months Required)

TYPE EXPERIENCE REQUIRED/HELPFUL _____

SHIFT: 1st ☐ 2nd ☐ 3rd ☐ HOURS PER WEEK # _____ FULL TIME ☐ PART TIME ☐ TEMPORARY ☐ TEMP to PERMANENT ☐

DAYS of WEEK WORKED _____ WORK HOURS (AM or PM) START: _____ END: _____

SALARY/WAGE \$ _____ Per: HOUR ☐ DAY ☐ WEEK ☐ MONTH ☐ YEAR ☐ SALARY RANGE \$ _____ to \$ _____

ADDITIONAL REQUIREMENTS

POLICE RECORDS CHECK <input type="checkbox"/>	EMPLOYER TEST <input type="checkbox"/>	CERTIFICATION <input type="checkbox"/> (List) _____
DRUG SCREENING <input type="checkbox"/>	OWN VEHICLE <input type="checkbox"/>	
PHYSICAL <input type="checkbox"/>	OWN TOOLS <input type="checkbox"/>	DEGREE FIELD <input type="checkbox"/> (List) _____
BONDING <input type="checkbox"/>	JOIN UNION <input type="checkbox"/>	ASSOCIATE <input type="checkbox"/> BACHELOR <input type="checkbox"/> MASTERS <input type="checkbox"/> DOCTORATE <input type="checkbox"/>
LICENSES <input type="checkbox"/>	TYPING wpm _____	OTHER (List) _____
COMPUTER SKILLS <input type="checkbox"/>		
(Please List) _____		

SPECIAL WORKING CONDITIONS

ROTATING SHIFT <input type="checkbox"/>	OUTDOORS <input type="checkbox"/>	STANDING LONG PERIODS <input type="checkbox"/>
OVERTIME <input type="checkbox"/>	TRAVEL <input type="checkbox"/>	HEAVY LIFTING <input type="checkbox"/> (Amount Lifted) _____ lbs

COMPANY BENEFITS

HEALTH <input type="checkbox"/>	SICK LEAVE <input type="checkbox"/>	CLOTHING ALLOWANCE <input type="checkbox"/>	RELOCATION ASSISTANCE <input type="checkbox"/>
DENTAL <input type="checkbox"/>	VACATION <input type="checkbox"/>	CHILD CARE <input type="checkbox"/>	TUITION ASSISTANCE <input type="checkbox"/>
LIFE <input type="checkbox"/>	HOLIDAYS <input type="checkbox"/>	401K <input type="checkbox"/>	COMPANY CAR <input type="checkbox"/>

SCREEN FOR: ENTERPRISE ZONE ELIGIBILITY ☐ WOTC (Work Opportunity Tax Credit) ☐ FEDERAL CONTRACTOR JOB LISTING ☐

JOB LOCATION/ZIP CODE (if different from above) _____

NATURE of BUSINESS _____

JOB DUTIES (Include requirements, qualifications, machines operated, tools used, software, hardware, etc.) _____
